REMARKS

Applicants thank the Examiner for withdrawing the rejections to claims 43-53 under 35 U.S.C. § 101. The application has been amended to more clearly define the present invention. In particular, claim 18 is amended to provide proper antecedent basis and claim 69 is amended to correct a typographical error. New claims 70-74 are added to further define what Applicants considerer to be his invention. No new matter is added. Reconsideration is respectfully requested.

I. New Matter Rejection - 35 U.S.C. §132

The Examiner rejects as new matter the step of "independently assessing by at least one of a pharmacist associated with the prescription processing system correctness of the prescription request, the at least one of the pharmacist and personnel and the prescription processing system being separate from at least one of a hospital and a physician where the prescription request was originated, and the at least one of the pharmacist and personnel and the prescription processing system being separate from a central pharmacy where the prescription request is to be fulfilled" within claims 65, 67, 68, and 69.

Applicants respectfully disagree that this step is new matter. The Application, on page 4, lines 15-19, teaches that the prescription request if forwarded to, or accessed by, an in-house pharmacist, who reviews the digitized prescription request. Review of the prescription request refers to the step of "independently assessing" as recited in claims 65, 67, 68, and 69. Furthermore, the Application, in Figure 1 and on page 22, lines 20-24, teaches that the various components of the prescription processing system may be located remotely from an originating hospital or physician and, likewise, from other components in the prescription processing system.

As claims 65, 67, 68, and 69 are supported in the application as filled and, thus, do not introduce new matter, withdrawal of this objection is respectfully requested.

II. Claim Objections

Claim 46, lines 5-7, is objected to due to a grammatical informality. Applicants respectfully disagree that there is any grammatical error in claim 46. Claim 46 recites "a header entry agent for retrieving general information from a digitized prescription request" and "transcribing said general information." The two wherein clauses following each step provide further clarification of the "digitized prescription request" and the "general information," respectively.

Applicants hope that this explanation of the structure of claim 46 alleviates the Examiner's confusion with respect to claim 46 and respectfully requests that the objection to claim 46 be withdrawn.

III. Claim Rejections – 35 U.S.C. § 112, ¶ 2

The Examiner rejects claim 18 under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which Applicants regard as the invention. In particular, the Examiner asserts that claim 18, line 6, "existing prescription number" lacks proper antecedent basis. Claim 18 is herein amended to correct the lack of antecedent basis. Applicants respectfully request that the rejection of claim 18 be withdrawn.

IV. Claim Rejections – 35 U.S.C. § 112, ¶ 1

The Examiner rejects claims 65 and 67-69 under 35 U.S.C. 112, first paragraph, as containing subject matter which was not described in the specification in such a way as to reasonably convey to one skilled in the relevant art that the inventor(s), at the time the application was filed, had possession of the claimed invention. In particular, claims 65 and 67-69 are rejected as reciting limitations that are new matter.

As stated previously, claims 65 and 67-69 are properly supported by the application as filed and, as such, the amendments made thereto in the Amendment filed August 19 2003 and November 7, 2003 do not constitute new matter. Applicants respectfully request that the rejection of claims 65 and 67-69 be withdrawn.

V. Claim Rejections – 35 U.S.C. §103

A. Claims 1-17, 24-27, 30-36, 37-45, 47-53, and 55

The Examiner rejects claims 1-17, 24-27, 30-36, 37-45, 47-53, and 55 under 35 U.S.C. § 103(a) as being unpatentable over U.S. Patent No. 5,758,095 (Albaum) in view of U.S. Patent No. 5,883,370 (Walker) and further in view of U.S. Patent No. 5,992,890 (Simcox). Applicants respectfully traverse this rejection.

1. Claims 1-36

Claim 1 states in combination:

> A method of processing prescription requests comprising the steps of:
>
> establishing a connection to a remotely located prescription processing system;
>
> submitting a prescription request to the prescription processing system;
>
> independently assessing by personnel associated with the prescription processing system correctness of the prescription request;
>
> preparing by said personnel a completed prescription form based on the submitted prescription request;
>
> sending the completed prescription form to a filling pharmacy; and
>
> filling the prescription request, at the filling pharmacy, based on the completed prescription form.

The Examiner asserts that, though Albaum and Walker fail to expressly disclose "independently assessing by personnel associated with the prescription processing system correctness of the prescription request," as is recited in claim 1, such a feature is suggested by Albaum. The Examiner asserts that Albaum discloses requiring a physician to countersign

orders electronically and upon sending a prescription refill, having the authorization for the prescription verified, citing to Albaum, col. 15, lines 33-49, and col. 18, lines 1-6.

Without conceding that Albaum shows any of the elements of claim 1, Albaum does not disclose, for example, "independently assessing by personnel associated with the prescription processing system correctness of the prescription request," as is recited in claim 1. (Emphasis added.) Albaum discloses allowing a physician user, but not a non-physician user, to electronically sign a patent's order(s). (Albaum, col. 18, lines 1-6.) However, as Figure 1 in the present Application illustrates, the "personnel" that independently assesses the correctness of the prescription request, for example, the "in-house pharmacist" of Figure 1, is a separate entity from the physician who creates the prescription request. Therefore, the fact that Albaum discloses allowing a physician to countersign his or her own prescription request (*see* Albaum, col. 17, lines 46-49) does not read on claim 1.

The Examiner also asserts that Simcox discloses a system where a prescriber transmits a prescription to a computer either within the prescriber's office or at the point of pharmaceutical distribution, citing to Simcox, col. 4, lines 21-40, and col. 5, lines 1-25. Further, the Examiner asserts that Simcox discloses, upon a pharmacist receiving the completed prescription, the pharmacist interpreting the pharmaceutical identification and confirming this interpretation by correlating the specific pharmaceutical identified in the pharmaceutical identification section with the application being identified in a graphical indicia section, and then in the event that the pharmaceutical identified does not service the purpose illustrated by the selected graphical icon, the pharmacist immediately knows that the pharmaceutical is incorrect, citing to Simcox, col. 3, line 65, to col. 4, line 8, and col. 5, lines 1-25.

Without conceding that Simcox shows any of the elements of claim 1, Simcox does not disclose, for example, "independently assessing by personnel associated with the prescription processing system correctness of the prescription request," as is recited in claim 1. (Emphasis added.) Simcox merely discloses a prescription media, which allows for visual correlation between a prescribed pharmaceutical and the intended application of that pharmaceutical. (*See* Simcox, col. 2, lines 13-15.) The system of Simcox enables a physician to enter a prescription

request, according to the embodiments of Simcox, using a personal digital assistant ("PDA") and/ or a personal computer. Prescriptions are transmitted directly from the physician to a pharmacist. (*See* Simcox, col. 4, lines 22-40.) There is no "remotely located prescription processing system" at which occurs the step of "independently assessing by personnel associated with the prescription processing system correctness of the prescription request."

Even combining the teachings of Albaum, Walker, and Simcox, the elements of claim 1, when interpreted as a whole, are not disclosed. As the combination of elements of claim 1 are not disclosed by Albaum in view of Walker and Simcox, when claim 1 is interpreted as a whole, Applicants respectfully request that the Examiner withdraw the rejection with respect to claim 1 and its dependent claims 2-36 and 54-55 which incorporate all of the features of claim 1. Moreover, dependent claims 2-36 and 54-55 are independently patentable based on the combination of elements recited therein. An exemplary discussion follows.

With respect to claim 9, the Examiner asserts that Albaum discloses "performing an order recognition function by an order reformatter and interpreter to check for recognition of the doses, route of administration, frequency, and duration, wherein the order information received by the order reformatter and interpreter when entered by the user is entered in random sequence and then processed, wherein the inpatient module performs processing functions and is connected to the user interface which accepts input via keyboard and mouse, voice recognition, or pen interface," citing to Figs. 49e and 49f, col. 7, lines 25-30, col. 11, lines 4-13, and col. 20, line 40, to col. 21, line 33 of Albaum.

Albaum, however, does not disclose, for example, "converting the captured prescription request to a digitized format to obtain a digitized prescription request" or "storing the digitized prescription request on a database maintained by the prescription processing system," as recited in claim 9. Without conceding that Albaum shows any of the elements of claim 9, Albaum merely discloses direct entry of a prescription request into the Albaum system using computer-assisted means. As stated in the application, "[i]n the event the data communicated is already in digital format, no conversion is necessary." (Application, p. 29, lines 17-18.) Therefore, since

the only methods disclosed in Albaum for submitting a prescription request are already in digital format, there is no "converting" disclosed in Albaum.

Furthermore, as disclosed in Albaum, the "order reformatter and interpreter" merely "check[s] for recognition of the doses, route of administration, frequency, and duration." (*See* Albaum, col. 11, lines 9-13.) The inpatient module, which is part of the Albaum POETRY system, is connected to a separate user interface, which accepts input via keyboard and mouse, voice recognition, or pen interface. (*See* Albaum, col. 7, lines 25-30, and Figure 1.) The voice recognition unit and user interface perform the function of converting acoustic voice signals to digital signals before the digital signals are passed to the inpatient module. However, claim 9 recites that the conversion occurs "at the prescription processing system" rather than outside of the system, as disclosed in Albaum.

As the combination of elements of claim 9 are not disclosed by Albaum in view of Walker and Simcox, when claim 9 is interpreted as a whole, Applicants respectfully request that the Examiner withdraw the rejection with respect to claim 9.

With respect to claim 27, the Examiner asserts that Simcox discloses verifying a prescription and then printing a copy of the completed prescription medium, citing to col. 5, lines 1-25 of Simcox. Simcox, however, does not disclose, for example, "submitting the pre-populated form to the user via facsimile," as recited by claim 27. Without conceding that Simcox shows any of the elements of claim 27, Simcox merely discloses a graphics printer for generating a printed copy of the completed prescription medium for the patient. (*See* Simcox, col. 5, lines 23-25.) However, there is no mention of "submitting the pre-populated form to the user via facsimile," as is recited in claim 27.

Furthermore, neither Albaum, Walker, nor Simcox disclose, for example, "assigning the pre-populated form a unique identifier which associates the form with the prescription request," as further recited by claim 27. As the combination of elements of claim 27 are not disclosed by Albaum in view of Walker and Simcox, when claim 27 is interpreted as a whole, Applicants respectfully request that the Examiner withdraw the rejection with respect to claim 27.

With respect to claim 55, the Examiner asserts that Albaum discloses that the inpatient module performs processing functions ad is connected to a user interface which accepts input via keyboard and mouse, voice recognition, or pen interface, citing to Figures 49e and 49 f, col. 7, lines 25-30, col. 11, lines 4-13, and col. 20, line 40, to col. 21, line 3 of Albaum. The Examiner further asserts that Albaum discloses that the inpatient module performs all of the primary processing function represented by the order reformatter and interpreter, including voice recognition, which would include converting voice to digital data, citing to col. 7, lines 25-30 of Albaum.

However, Albaum does not disclose all of the elements of claim 55, which includes the limitations of claim 1. Therefore, as the combination of elements of claim 55 are not disclosed by Albaum in view of Walker and Simcox, when claim 55 is interpreted as a whole, Applicants respectfully request that the Examiner withdraw the rejection with respect to claim 55.

As no new grounds of rejection are specifically cited with regards to claims 2-8, 10-12, 13-14, 15-16, 17, 24-26, 30-33, and 34-36, Applicants herein restate arguments regarding the patentability of those claims as stated in the Amendments of August 19, 2003 and November 7, 2003.

As the combination of elements of claims 1-36 and 54-55 are not disclosed in Albaum in view of Walker, Applicants respectfully request that the Examiner withdraw the rejection with respect to claims 1-36 and 54-55.

2. Claim 37

Claim 37 states in combination:

> A method of processing prescription requests comprising the steps of:
>
> establishing a connection to a remotely located prescription processing system;
>
> submitting a prescription request to the prescription processing system;

capturing the prescription request for subsequent manipulation;

processing the captured prescription request;

independently assessing by at least one of a pharmacist and personnel associated with the prescription processing system correctness of the prescription request;

preparing, by said at least one of a pharmacist and personnel a completed prescription form based, at least partially, on the processed prescription request;

sending the completed prescription form to a predetermined pharmacy; and

filling the prescription request, at the predetermined pharmacy, based on the completed prescription form.

Albaum in view of Walker and Simcox does not disclose all of the elements of claim 37. As discussed with respect to claim 1, Albaum does not disclose, for example, "independently assessing by at least one of a pharmacist and personnel associated with the prescription processing system correctness of the prescription request," as recited by claim 37. (Emphasis added.) Without conceding that Albaum shows any of the elements of claim 37, Albaum merely discloses Albaum merely discloses allowing a physician to countersign his or her own prescription request.

Furthermore, as discussed with respect to claim 1, Simcox does not disclose, for example, "independently assessing by at least one of a pharmacist and personnel associated with the prescription processing system correctness of the prescription request," as recited by claim 37. (Emphasis added.) Without conceding that Simcox shows any of the elements of claim 37, Simcox merely discloses a prescription media, which allows for visual correlation between a prescribed pharmaceutical and the intended application of that pharmaceutical.

As the combination of elements of claim 37 are not disclosed by Albaum in view of Walker and Simcox, Applicants respectfully request that the Examiner withdraw the rejection with respect to claim 37.

3. Claim 38

Claim 38 states in combination:

> A method of processing prescription requests comprising the steps of:
>
> establishing a connection to a remotely located prescription processing system;
>
> submitting a prescription request to the prescription processing system;
>
> capturing the prescription request;
>
> converting the captured prescription request to a digitized format to obtain a digitized prescription request;
>
> creating an identification file, including identification data, for the digitized prescription request;
>
> associating the identification file and the digitized prescription request to form a prescription file;
>
> storing the prescription file on a database maintained by the prescription processing system;
>
> transcribing the digitized prescription request;
>
> independently assessing by at least one of a pharmacist and personnel associated with the prescription processing system correctness of the prescription request;
>
> preparing, by said at least one of a pharmacist and personnel a completed prescription form based, at least partially, on the processed prescription request;
>
> sending the completed prescription form to a filling pharmacy; and
>
> filling the prescription request, at the filling pharmacy, based on the completed prescription form.

Albaum in view of Walker and Simcox does not disclose all of the elements of claim 38. As discussed with respect to claim 1, Albaum does not disclose, for example, "independently assessing by at least one of a pharmacist and personnel associated with the prescription processing system correctness of the prescription request," as recited by claim 38. (Emphasis

added.) Without conceding that Albaum shows any of the elements of claim 38, Albaum merely discloses Albaum merely discloses allowing a physician to countersign his or her own prescription request.

Furthermore, as discussed with respect to claim 1, Simcox does not disclose, for example, "independently assessing by at least one of a pharmacist and personnel associated with the prescription processing system correctness of the prescription request," as recited by claim 38. (Emphasis added.) Without conceding that Simcox shows any of the elements of claim 38, Simcox merely discloses a prescription media, which allows for visual correlation between a prescribed pharmaceutical and the intended application of that pharmaceutical.

Furthermore, as discussed with respect to claim 9, Albaum does not disclose "converting the captured prescription request to a digitized format to obtain a digitized prescription request" or "storing the digitized prescription request on a database maintained by the prescription processing system," as recited in claim 38. Since the only methods disclosed in Albaum for submitting a prescription request are already in digital format, there is no "converting" disclosed in Albaum.

As the combination of elements of claim 38 are not disclosed by Albaum in view of Walker and Simcox, Applicants respectfully request that the Examiner withdraw the rejection with respect to claim 38.

4. Claim 39

Claim 39 states in combination:

> A method of processing prescription requests comprising the steps of:
>
> establishing a connection to a remotely located prescription processing system;
>
> submitting a prescription request to the prescription processing system;
>
> capturing the prescription request;
>
> transcribing the digitized prescription request;

independently assessing by at least one of a pharmacist and personnel associated with the prescription processing system correctness of the prescription request;

preparing, by said at least one of a pharmacist and personnel a completed prescription form based, at least partially, on the processed prescription request;

sending the completed prescription form to a predetermined pharmacy; and

filling the prescription request, at the predetermined pharmacy, based on the completed prescription form;

determining if the user would like to submit a new prescription request;

repeating the steps of submitting, capturing, transcribing, preparing, sending, filling, and determining if the user would like to submit a new prescription request; and

terminating the connection if the user would not like to submit a new prescription request.

Albaum in view of Walker and Simcox does not disclose all of the elements of claim 39. As discussed with respect to claim 1, Albaum does not disclose, for example, "independently assessing by at least one of a pharmacist and personnel associated with the prescription processing system correctness of the prescription request," as recited by claim 39. (Emphasis added.) Without conceding that Albaum shows any of the elements of claim 39, Albaum merely discloses Albaum merely discloses allowing a physician to countersign his or her own prescription request.

Furthermore, as discussed with respect to claim 1, Simcox does not disclose, for example, "independently assessing by at least one of a pharmacist and personnel associated with the prescription processing system correctness of the prescription request," as recited by claim 39. (Emphasis added.) Without conceding that Simcox shows any of the elements of claim 39, Simcox merely discloses a prescription media, which allows for visual correlation between a prescribed pharmaceutical and the intended application of that pharmaceutical.

As the combination of elements of claim 39 are not disclosed by Albaum in view of Walker, Applicants respectfully request that the Examiner withdraw the rejection with respect to claim 39.

5. Claim 40

Claim 40 states in combination:

> A method of processing prescription requests comprising the steps of:
>
> establishing a connection to a remotely located prescription processing system;
>
> submitting a prescription request to the prescription processing system, wherein the prescription request includes user information and a member ID number;
>
> capturing the prescription request;
>
> converting the captured prescription request to a digitized format to obtain a digitized prescription request;
>
> creating an identification file, including identification data, for the digitized prescription request;
>
> associating the identification file and the digitized prescription request to form a prescription file;
>
> storing the prescription file on a database maintained by the prescription processing system;
>
> transcribing the digitized prescription request;
>
> independently assessing by at least one of a pharmacist and personnel associated with the prescription processing system correctness of the prescription request;
>
> preparing, by said at least one of a pharmacist and personnel a completed prescription form based, at least partially, on the processed prescription request;
>
> sending the completed prescription form to a central pharmacy; and
>
> filling the prescription request, at the central pharmacy, based on the completed prescription form.

Albaum in view of Walker and Simcox does not disclose all of the elements of claim 40. As discussed with respect to claim 1, Albaum does not disclose, for example, "independently assessing by at least one of a pharmacist and personnel associated with the prescription processing system correctness of the prescription request," as recited by claim 40. (Emphasis added.) Without conceding that Albaum shows any of the elements of claim 40, Albaum merely discloses Albaum merely discloses allowing a physician to countersign his or her own prescription request.

Furthermore, as discussed with respect to claim 1, Simcox does not disclose, for example, "independently assessing by at least one of a pharmacist and personnel associated with the prescription processing system correctness of the prescription request," as recited by claim 40. (Emphasis added.) Without conceding that Simcox shows any of the elements of claim 40, Simcox merely discloses a prescription media, which allows for visual correlation between a prescribed pharmaceutical and the intended application of that pharmaceutical.

Furthermore, as discussed with respect to claim 9, Albaum does not disclose "converting the captured prescription request to a digitized format to obtain a digitized prescription request" or "storing the digitized prescription request on a database maintained by the prescription processing system," as recited in claim 40. Since the only methods disclosed in Albaum for submitting a prescription request are already in digital format, there is no "converting" disclosed in Albaum.

As the combination of elements of claim 40 are not disclosed by Albaum in view of Walker and Simcox, Applicants respectfully request that the Examiner withdraw the rejection with respect to claim 40.

6. Claims 41-45 and 47-53

As no new grounds of rejection are specifically cited with regards to claims 41-45 and 47-53, Applicants herein restate arguments regarding the patentability of those claims as stated in the Amendments of August 19, 2003 and November 7, 2003.

As the combination of elements of claims 41-45 and 47-53 are not disclosed by Albaum in view of Walker and Simcox, Applicants respectfully request that the Examiner withdraw the rejection with respect to claims 41-45 and 47-53.

B. Claims 18-23

The Examiner rejects claims 18-23 under 35 U.S.C. § 103(a) as being unpatentable over U.S. Patent No. 5,758,095 (Albaum) in view of U.S. Patent No. 5,883,370 (Walker) and further in view of U.S. Patent No. 5,992,890 (Simcox) and U.S. Patent No. 5,666,492 (Rhodes). Applicants respectfully traverse this rejection.

With respect to claim 18, the Examiner asserts that Rhodes discloses determining if the prescription number entered by the user is a valid prescription number by comparing the prescription number against those stored in the data storage device, and if the prescription number is valid, displaying basic information relating to the prescription number, wherein the user enters the prescription number through a Refill RX screen, and wherein the system automatically finds the patient associated with the prescription number needing a refill, citing to Figures 26 and 45-47, col. 17, line 18, to col. 18, line 47, col. 28, line 15, to col. 29, line 20, and col. 30, lines 45-58 of Rhodes.

Albaum and Walker in view of Simcox and Rhodes does not disclose all of the elements of claim 18. Without conceding that Rhodes discloses any of the elements of claim 18, Rhodes merely discloses a system by which a pharmacist may provided the services of a heath care provider in addition to a vendor. (Rhodes, Summary.) Additionally, Rhodes provides a system and method to facilitate a situation where a pharmacist receives interruptions in fulfilling a prescription or counseling a first patient by a second patient.

The Examiner asserts that the motivation to combine Albaum and Walker with Rhodes is to reduce the amount of time from when a order for a prescription is written to which it is received in the pharmacy, citing to col. 1, lines 30-36 of Albaum. However, the method of Rhodes specifically teaches away from the system and method of the present invention. Rhodes discloses the inputting of patient prescription information by a pharmacist or technician.

(Rhodes, col. 6, lines 28-30 and col. 12, lines 13-20). Additionally, Rhodes provides for a patient and refill interrupt subsystem, which allows the pharmacist or technician to suspend processing by the cognitive subsystem or the counseling subsystem by invoking a patient interrupt or a refill interrupt.

By contrast, the system and method of the present invention describes interruptions of pharmacists in fulfilling patient prescriptions as a problem, which is overcome by the present invention. Therefore, the combination of Rhodes with Albaum and Walker does not overcome the deficiencies of Rhodes and Walker. As the combination of elements of claim 18 are not disclosed by Albaum and Walker in view of Simcox and Rhodes, Applicants respectfully request that the Examiner withdraw the rejection with respect to claim 18, as well as to claims 19-23, which incorporate all of the features of claim 18.

With respect to claim 22-23, the Examiner asserts that Albaum discloses entering into a user interface a patient identifier for a patient, wherein the identifier includes the patient's name, patient's location, or ID number, wherein patient demographic data such as name, address, telephone number, date of birth, sex, diagnosis, allergies, height, weight, medical folder/record number, and insurance plan are collected through a patient information database, citing to Figures 2-9, col. 15, lines 49-55, and col. 21, lines 1-15 of Albaum. Additionally, the Examiner asserts that Albaum discloses accepting and processing information regarding medication prescriptions for a patient, wherein the information includes a medication identifier, medication dosage, medication frequency, medication duration, medication quantity, maximum dosage recommended for a patient, citing to col. 20, lines 41-68 of Albaum.

Without conceding that Albaum shows any of the elements of claim 1, Albaum does not disclose, for example, "wherein there is no prescription number for renewal...requesting member information; requesting patient information; and requesting medication information," as recited in claim 22. With regards to renewing prescriptions, Albaum merely discloses the user selecting the highlighted renew words and then the highlighted medication order from the current schedule and/or PRN medication boxes. (Albaum, col. 9, lines 12-30.) Albaum does not disclose the situation where the prescription to be renewed is not identified by a prescription number, thus

necessitating identification of the prescription through other means, in this case, member, patient, and medication information.

As the combination of elements of claim 22 are not disclosed by Albaum, when claim 22 is interpreted as a whole, Applicants respectfully request that the Examiner withdraw the rejection with respect to claim 22 and its dependent claim 23, which incorporates all of the features of claim 22.

C. Claims 28 and 66

Claims 28 and 66 are rejected under 35. U.S.C. 103(a) as being unpatentable over U.S. Patent No. 6,758,095 (Albaum) in view of U.S. Patent No. 5,883,370 (Walker) further in view of U.S. Patent No. 5,992,890 (Simcox) and U.S. Patent No. 6,263,259 (Bartur). Applicants respectfully traverse this rejection.

The Examiner asserts that Bartur discloses verifying by a database a patient ID, physician ID, and medication ID by matching the patient ID, physician ID, and medication ID with stored IDs in the database, wherein if the IDs are verified, the prescription is dispensed by a medication unit dispensing stored medications, citing to the Abstract, col. 1, lines 30-50, and col. 13, line 49, to col. 14, line 44 or Bartur.

Without conceding that Albaum shows any of the elements of claims 28 or 66, Bartur does not disclose "comparing, at the prescription processing system, a physician's phone number and a prescription number," as recited by claim 28. Neither the cited section, nor any other section of Bartur discloses comparing a physician's phone number and a prescription number.

As the combination of elements of claim 28 are not disclosed by Albaum, when claim 28 is interpreted as a whole, Applicants respectfully request that the Examiner withdraw the rejection with respect to claim 28 and its dependent claim 66, which incorporates all of the features of claim 28.

D. Claims 29, 54, 63

Claims 29, 54, and 63 are rejected under 35. U.S.C. 103(a) as being unpatentable over U.S. Patent No. 6,758,095 (Albaum) in view of U.S. Patent No. 5,883,370 (Walker) further in view of U.S. Patent No. 5,992,890 (Simcox) and U.S. Patent Application No. 2002/0052760 (Munoz). Applicants respectfully traverse this rejection.

The Examiner asserts that Munoz discloses an interactive voice response system for detecting incoming telephone calls, answering the telephone call, and providing the caller with various input prompts, wherein the caller provides input by pressing buttons on a DTMF telephone during the call and wherein the system is utilized for creating a prescription request and refills, citing to Figure. 1, par. 38-39, par. 43-48, and page 8, claims 1-5) of Munoz.

Applicant respectfully disagrees with Examiner's assertion that there is motivation to combine Munoz with Albaum, Walker, and Simcox. All of the cited references recite various types of prescription systems and are, thus, cumulative. Therefore, one of ordinary skill in the art would not look to multiple references to find the features of the present invention, but, rather, would look only to one reference. As such, there is no motivation to combine Munoz with Albaum, Walker, and Simcox.

E. Claim 46

Claim 46 is rejected under 35. U.S.C. 103(a) as being unpatentable over U.S. Patent No. 6,758,095 (Albaum) in view of U.S. Patent No. 5,883,370 (Walker) further in view of U.S. Patent No. 5,992,890 (Simcox) and U.S. Patent No. 5,664,109 (Johnson). Applicants respectfully traverse this rejection.

The examiner asserts that Johnson discloses extracting medically relevant information and demographic information using a batch extraction program from an OCR file. However, Johnson does not disclose using "a header entry agent for retrieving general information from a digitized prescription request," as is recited in claim 46. (Emphasis added.)

As the combination of elements of claim 46 are not disclosed by Albaum, Walker, Simcox, and Johnson when claim 46 is interpreted as a whole, Applicants respectfully request that the Examiner withdraw the rejection with respect to claim 46.

F. Claims 56-60 and 64-65

Claims 56-60 and 64-65 are rejected under 35. U.S.C. 103(a) as being unpatentable over U.S. Patent No. 6,758,095 (Albaum) in view of U.S. Patent No. 5,883,370 (Walker) further in view of U.S. Patent No. 5,992,890 (Simcox) and U.S. Patent Application No. 2002/0052760 (Munoz). Applicants respectfully traverse this rejection.

1. Claims 56-58

Claim 56 states in combination:

> A method of processing prescription requests comprising the steps:
>
> establishing a connection to a remotely located prescription processing system using a telephone;
>
> submitting an audible prescription request to the prescription processing system using said telephone;
>
> independently assessing by personnel associated with the prescription processing system correctness of the prescription request;
>
> preparing by said personnel a completed prescription form based on the submitted prescription request;

sending the completed prescription form to a filling pharmacy; and

filling the prescription request, at the filling pharmacy, based on the completed prescription form.

Claim 57 states in combination:

A method of processing prescription requests comprising the steps:

establishing a connection to a remotely located prescription processing system using a telephone;

submitting an audible prescription request to the prescription processing system using said telephone;

capturing the prescription request for subsequent manipulation;

processing the captured prescription request;

independently assessing by personnel associated with the prescription processing system correctness of the prescription request;

preparing by said personnel a completed prescription form based on the submitted prescription request;

sending the completed prescription form to a predetermined pharmacy; and

filling the prescription request, at the predetermined pharmacy, based on the completed prescription form.

Claim 58 states in combination:

A method of processing prescription requests comprising the steps:

establishing a connection to a remotely located prescription processing system using a telephone;

submitting an audible prescription request to the prescription processing system using said telephone;

capturing the prescription request;

converting the captured prescription request to a digitized format to obtain a digitized prescription request;

creating an identification file, including identification data, for the digitized prescription request;

associating the identification file and the digitized prescription request to form a prescription file;

storing the prescription file on a database maintained by the prescription processing system;

transcribing the digitized prescription request;

independently assessing by personnel associated with the prescription processing system correctness of the prescription request;

preparing by said personnel a completed prescription form based on the submitted prescription request;

sending the completed prescription form to a filling pharmacy; and

filling the prescription request, at the filling pharmacy, based at least partially on the completed prescription form.

As stated with respect to claim 1, Albaum does not disclose, for example, "independently assessing by personnel associated with the prescription processing system correctness of the prescription request," as is recited in claims 56-58. (Emphasis added.) Albaum discloses allowing a physician user, but not a non-physician user, to electronically sign a patent's order(s). (Albaum, col. 18, lines 1-6.) However, as Figure 1 in the present Application illustrates, the "personnel" that independently assesses the correctness of the prescription request, for example, the "in-house pharmacist" of Figure 1, is a separate entity from the physician who creates the prescription request. Therefore, the fact that Albaum discloses allowing a physician to countersign his or her own prescription request (*see* Albaum, col. 17, lines 46-49) does not read on claims 56-58.

Furthermore, as previously submitted, Walker does not disclose "independently assessing by personnel associated with the prescription processing system correctness of the prescription request" and "preparing by said personnel a completed prescription form based on the submitted prescription request," as recited in claims 56-58.

Additionally, as discussed with respect to claim 29, there is no motivation to combine Munoz with Albaum, Walker, and Simcox.

Moreover, as discussed with respect to claim 1, Simcox does not disclose, for example, "independently assessing by personnel associated with the prescription processing system

correctness of the prescription request," as is recited in claims 56-58. (Emphasis added.) Simcox merely discloses a prescription media, which allows for visual correlation between a prescribed pharmaceutical and the intended application of that pharmaceutical. (*See* Simcox, col. 2, lines 13-15.) The system of Simcox enables a physician to enter a prescription request, according to the embodiments of Simcox, using a personal digital assistant ("PDA") and/ or a personal computer. Prescriptions are transmitted directly from the physician to a pharmacist. (*See* Simcox, col. 4, lines 22-40.) There is no "remotely located prescription processing system" at which occurs the step of "independently assessing by personnel associated with the prescription processing system correctness of the prescription request."

Additionally, as discussed with respect to claim 9, Albaum, however, does not disclose, for example, "converting the captured prescription request to a digitized format to obtain a digitized prescription request" or "storing the digitized prescription request on a database maintained by the prescription processing system," as recited in claims 56-58. Without conceding that Albaum shows any of the elements of claims 56-58, Albaum merely discloses direct entry of a prescription request into the Albaum system using computer-assisted means. As stated in the application, "[i]n the event the data communicated is already in digital format, no conversion is necessary." (Application, p. 29, lines 17-18.) Therefore, since the only methods disclosed in Albaum for submitting a prescription request are already in digital format, there is no "converting" disclosed in Albaum.

Furthermore, as disclosed in Albaum, the "order reformatter and interpreter" merely "check[s] for recognition of the doses, route of administration, frequency, and duration." (*See* Albaum, col. 11, lines 9-13.) The inpatient module, which is part of the Albaum POETRY system, is connected to a separate user interface, which accepts input via keyboard and mouse, voice recognition, or pen interface. (*See* Albaum, col. 7, lines 25-30, and Figure 1.) The voice recognition unit and user interface perform the function of converting acoustic voice signals to digital signals before the digital signals are passed to the inpatient module. However, claims 56-58 recites that the conversion occurs "at the prescription processing system" rather than outside of the system, as disclosed in Albaum.

As the combination of elements of claims 56-58 are not disclosed by Albaum in view of Walker, Munoz, and Simcox, when claims 56-58 are interpreted as a whole, Applicants respectfully request that the Examiner withdraw the rejection with respect to claims 56-58.

3. Claim 59

Claim 59 states in combination:

> A method of processing prescription requests comprising the steps:
>
> establishing a connection to a remotely located prescription processing system using a telephone;
>
> submitting an audible prescription request to the prescription processing system using said telephone;
>
> capturing the prescription request;
>
> transcribing the digitized prescription request;
>
> independently assessing by personnel associated with the prescription processing system correctness of the prescription request;
>
> preparing by said personnel a completed prescription form based on the submitted prescription request;
>
> sending the completed prescription form to a filling pharmacy;

filling the prescription request, at the filling pharmacy, based at least partially on the completed prescription form;

determining if the user would like to submit a new prescription request;

repeating the steps of submitting, capturing, transcribing, preparing, sending, filling, and determining if the user would like to submit a new prescription request; and

terminating the connection if the user would not like to submit a new prescription request.

As discussed with respect to claims 56-58, Albaum does not disclose all of the features of claim 59. As stated with respect to claim 1, Albaum does not disclose, for example, "independently assessing by personnel associated with the prescription processing system correctness of the prescription request," as is recited in claims 56-58. (Emphasis added.) Albaum discloses allowing a physician user, but not a non-physician user, to electronically sign a patent's order(s). (Albaum, col. 18, lines 1-6.) However, as Figure 1 in the present Application illustrates, the "personnel" that independently assesses the correctness of the prescription request, for example, the "in-house pharmacist" of Figure 1, is a separate entity from the physician who creates the prescription request. Therefore, the fact that Albaum discloses allowing a physician to countersign his or her own prescription request (*see* Albaum, col. 17, lines 46-49) does not read on claims 56-58.

Furthermore, as previously submitted, Walker does not disclose "independently assessing by personnel associated with the prescription processing system correctness of the prescription request" and "preparing by said personnel a completed prescription form based on the submitted prescription request," as recited in claims 56-58.

Additionally, as discussed with respect to claim 29, there is no motivation to combine Munoz with Albaum, Walker, and Simcox.

Moreover, as discussed with respect to claim 1, Simcox does not disclose, for example, "independently assessing by personnel associated with the prescription processing system correctness of the prescription request," as is recited in claims 56-58. (Emphasis added.) Simcox merely discloses a prescription media, which allows for visual correlation between a prescribed pharmaceutical and the intended application of that pharmaceutical. (*See* Simcox, col. 2, lines 13-15.) The system of Simcox enables a physician to enter a prescription request, according to the embodiments of Simcox, using a personal digital assistant ("PDA") and/ or a personal computer. Prescriptions are transmitted directly from the physician to a pharmacist. (*See* Simcox, col. 4, lines 22-40.) There is no "remotely located prescription processing system" at which occurs the step of "independently assessing by personnel associated with the prescription processing system correctness of the prescription request."

Additionally, as discussed with respect to claim 9, Albaum, however, does not disclose, for example, "converting the captured prescription request to a digitized format to obtain a digitized prescription request" or "storing the digitized prescription request on a database maintained by the prescription processing system," as recited in claims 56-58. Without conceding that Albaum shows any of the elements of claims 56-58, Albaum merely discloses direct entry of a prescription request into the Albaum system using computer-assisted means. As stated in the application, "[i]n the event the data communicated is already in digital format, no conversion is necessary." (Application, p. 29, lines 17-18.) Therefore, since the only methods disclosed in Albaum for submitting a prescription request are already in digital format, there is no "converting" disclosed in Albaum.

Furthermore, as disclosed in Albaum, the "order reformatter and interpreter" merely "check[s] for recognition of the doses, route of administration, frequency, and duration." (*See* Albaum, col. 11, lines 9-13.) The inpatient module, which is part of the Albaum POETRY system, is connected to a separate user interface, which accepts input via keyboard and mouse, voice recognition, or pen interface. (*See* Albaum, col. 7, lines 25-30, and Figure 1.) The voice

recognition unit and user interface perform the function of converting acoustic voice signals to digital signals before the digital signals are passed to the inpatient module. However, claims 56-58 recites that the conversion occurs "at the prescription processing system" rather than outside of the system, as disclosed in Albaum.

As the combination of elements of claim 59 are not disclosed by Albaum in view of Walker, Munoz, and Simcox, when claim 59 are interpreted as a whole, Applicants respectfully request that the Examiner withdraw the rejection with respect to claim 59.

4. Claim 60

Claim 60 states in combination:

> A method of processing prescription requests comprising the steps:
>
> establishing a connection to a remotely located prescription processing system using a telephone;
>
> submitting an audible prescription request to the prescription processing system using said telephone, wherein the audible prescription request includes user information and a member ID number;
>
> capturing the prescription request;
>
> converting the captured prescription request to a digitized format to obtain a digitized prescription request;
>
> creating an identification file, including identification data, for the digitized prescription request;

associating the identification file and the digitized prescription request to form a prescription file;

storing the prescription file on a database maintained by the prescription processing system;

transcribing the digitized prescription request;

independently assessing by personnel associated with the prescription processing system correctness of the prescription request;

preparing by said personnel a completed prescription form based on the submitted prescription request;

sending the completed prescription form to a filling pharmacy; and

filling the prescription request, at the filling pharmacy, based at least partially on the completed prescription form.

As discussed with respect to claims 56-58, Albaum does not disclose all of the features of claim 60. As stated with respect to claim 1, Albaum does not disclose, for example, "independently assessing by personnel associated with the prescription processing system correctness of the prescription request," as is recited in claims 56-58. (Emphasis added.) Albaum discloses allowing a physician user, but not a non-physician user, to electronically sign a patent's order(s). (Albaum, col. 18, lines 1-6.) However, as Figure 1 in the present Application illustrates, the "personnel" that independently assesses the correctness of the prescription request, for example, the "in-house pharmacist" of Figure 1, is a separate entity from the physician who creates the prescription request. Therefore, the fact that Albaum discloses

allowing a physician to countersign his or her own prescription request (*see* Albaum, col. 17, lines 46-49) does not read on claims 56-58.

Furthermore, as previously submitted, Walker does not disclose "independently assessing by personnel associated with the prescription processing system correctness of the prescription request" and "preparing by said personnel a completed prescription form based on the submitted prescription request," as recited in claims 56-58.

Additionally, as discussed with respect to claim 29, there is no motivation to combine Munoz with Albaum, Walker, and Simcox.

Moreover, as discussed with respect to claim 1, Simcox does not disclose, for example, "independently assessing by personnel associated with the prescription processing system correctness of the prescription request," as is recited in claims 56-58. (Emphasis added.) Simcox merely discloses a prescription media, which allows for visual correlation between a prescribed pharmaceutical and the intended application of that pharmaceutical. (*See* Simcox, col. 2, lines 13-15.) The system of Simcox enables a physician to enter a prescription request, according to the embodiments of Simcox, using a personal digital assistant ("PDA") and/ or a personal computer. Prescriptions are transmitted directly from the physician to a pharmacist. (*See* Simcox, col. 4, lines 22-40.) There is no "remotely located prescription processing system" at which occurs the step of "independently assessing by personnel associated with the prescription processing system correctness of the prescription request."

Additionally, as discussed with respect to claim 9, Albaum, however, does not disclose, for example, "converting the captured prescription request to a digitized format to obtain a digitized prescription request" or "storing the digitized prescription request on a database maintained by the prescription processing system," as recited in claims 56-58. Without conceding that Albaum shows any of the elements of claims 56-58, Albaum merely discloses direct entry of a prescription request into the Albaum system using computer-assisted means. As stated in the application, "[i]n the event the data communicated is already in digital format, no conversion is necessary." (Application, p. 29, lines 17-18.) Therefore, since the only methods

disclosed in Albaum for submitting a prescription request are already in digital format, there is no "converting" disclosed in Albaum.

Furthermore, as disclosed in Albaum, the "order reformatter and interpreter" merely "check[s] for recognition of the doses, route of administration, frequency, and duration." (*See* Albaum, col. 11, lines 9-13.) The inpatient module, which is part of the Albaum POETRY system, is connected to a separate user interface, which accepts input via keyboard and mouse, voice recognition, or pen interface. (*See* Albaum, col. 7, lines 25-30, and Figure 1.) The voice recognition unit and user interface perform the function of converting acoustic voice signals to digital signals before the digital signals are passed to the inpatient module. However, claims 56-58 recites that the conversion occurs "at the prescription processing system" rather than outside of the system, as disclosed in Albaum.

As the combination of elements of claim 60 are not disclosed by Albaum in view of Walker, Munoz, and Simcox, when claim 60 are interpreted as a whole, Applicants respectfully request that the Examiner withdraw the rejection with respect to claim 60.

5. Claim 64

Claim 64 states in combination:

> A method of processing prescription requests comprising the steps:
>
> establishing a connection to a remotely located prescription processing system;
>
> submitting an prescription request to the prescription processing system;
>
> capturing the prescription request;

converting the captured prescription request to a digitized format to obtain a digitized prescription request;

creating an identification file, including identification data, for the digitized prescription request;

associating the identification file and the digitized prescription request to form a prescription file;

storing the prescription file on a database maintained by the prescription processing system;

transcribing the digitized prescription request;

independently assessing by personnel associated with the prescription processing system correctness of the prescription request;

preparing by said personnel a completed prescription form based on the submitted prescription request;

sending the completed prescription form to a filling pharmacy; and

filling the prescription request, at the filling pharmacy, based at least partially on the completed prescription form,

wherein said at least one of the said pharmacist and said filling pharmacy are remotely located from each other, and remotely located from said prescription processing system.

As discussed with respect to claims 56-58, Albaum does not disclose all of the features of claim 64. For example, without conceding that Albaum shows any of the elements of claim 64, Albaum does not disclose "independently assessing by personnel associated with the prescription processing system correctness of the prescription request," as is recited by claim 64. The Examiner asserts that the user interface disclosed in Albaum read on "personnel," citing to Figure 1 of Albaum. However, the user interface of Albaum is merely a means by which a user interacts with the Albaum system. (See, Albaum, col. 7, lines 27-30.) "Personnel," as is disclosed by the present invention, is an entity capable of "independently assessing...correctness of the prescription request."

As the combination of elements of claim 64 is not disclosed by Albaum in view of Walker, Munoz, and Simcox, when claim 64 is interpreted as a whole, Applicants respectfully request that the Examiner withdraw the rejection with respect to claim 64.

6. Claim 65

Claim 65 states in combination:

> A method of processing prescription requests comprising the steps:
>
> establishing a connection to a remotely located prescription processing system;
>
> submitting an prescription request to the prescription processing system, wherein the prescription request includes user information and a member ID number;
>
> capturing the prescription request;

converting the captured prescription request to a digitized format to obtain a digitized prescription request;

creating an identification file, including identification data, for the digitized prescription request;

associating the identification file and the digitized prescription request to form a prescription file;

storing the prescription file on a database maintained by the prescription processing system;

transcribing the digitized prescription request;

independently assessing by personnel associated with the prescription processing system correctness of the prescription request, the at least one of the pharmacist and personnel and the prescription processing system being separate from at least one of a hospital and a physician where the prescription request was originated, and the at least one of the pharmacist and personnel and the prescription processing system being separate from a central pharmacy where the prescription request is to be fulfilled;

preparing by said personnel a completed prescription form based on the submitted prescription request;

sending the completed prescription form to a filling pharmacy; and

filling the prescription request, at the filling pharmacy, based at least partially on the completed prescription form,

wherein said at least one of the said pharmacist and said filling pharmacy are remotely located from each other, and remotely located from said prescription processing system.

As discussed with respect to claim 64, Albaum does not disclose "independently assessing by personnel associated with the prescription processing system correctness of the prescription request," as is recited by claim 65. The Examiner asserts that the user interface disclosed in Albaum read on "personnel," citing to Figure 1 of Albaum. However, the user interface of Albaum is merely a means by which a user interacts with the Albaum system. (See, Albaum, col. 7, lines 27-30.) "Personnel," as is disclosed by the present invention, is an entity capable of "independently assessing...correctness of the prescription request."

As the combination of elements of claim 65 is not disclosed by Albaum in view of Walker, Munoz, and Simcox, when claim 65 is interpreted as a whole, Applicants respectfully request that the Examiner withdraw the rejection with respect to claim 65.

F. Claims 61 and 62

Claims 61 and 62 are rejected under 35. U.S.C. 103(a) as being unpatentable over U.S. Patent No. 6,758,095 (Albaum) in view of U.S. Patent No. 5,883,370 (Walker) further in view of U.S. Patent Application No. 2002/0052760 (Munoz). Applicants respectfully traverse this rejection.

1. Claim 61

Claim 61 states in combination:

> A method of submitting a prescription request for retrieval of a filled prescription by a patient, the method comprising the steps:
>
> initiating a connection to a remotely located prescription processing system using a telephone;
>
> submitting an audible prescription request to the prescription processing system using said telephone; and
>
> retrieving, by the patient, a filled prescription from a predetermined filling pharmacy remotely located from the prescription processing system.

With respect to claim 61, as discussed with respect to claim 29, Applicant respectfully disagrees with Examiner's assertion that there is motivation to combine Munoz with Albaum, and Walker. All of the cited references recite various types of prescription systems and are, thus, cumulative. Therefore, one of ordinary skill in the art would not look to multiple references to find the features of the present invention, but, rather, would look only to one reference. As such, there is no motivation to combine Munoz with Albaum, Walker, and Simcox.

2. Claim 62

Claim 62 states in combination:

A method of processing a submitted prescription request, comprising the steps:

receiving a request from a remote source to establish a connection with a local prescription processing system;

establishing a connection with the remote source using a telephone;

receiving an audible prescription request by way of said telephone;

preparing, by a pharmacist, a completed prescription form based, at least partially, on the audible prescription request; and

sending the completed prescription form to a pharmacy to be filled.

With respect to claim 62, as discussed with respect to claim 29, Applicant respectfully disagrees with Examiner's assertion that there is motivation to combine Munoz with Albaum, and Walker. All of the cited references recite various types of prescription systems and are, thus, cumulative. Therefore, one of ordinary skill in the art would not look to multiple references to find the features of the present invention, but, rather, would look only to one reference. As such, there is no motivation to combine Munoz with Albaum and Walker.

G. Claims 67-69

Claims 67-69 are rejected under 35. U.S.C. 103(a) as being unpatentable over U.S. Patent No. 6,758,095 (Albaum) in view of U.S. Patent No. 5,883,370 (Walker) further in view of U.S. Patent Application No. 2002/0052760 (Munoz), U.S. Patent No. 5,992,890 (Simcox), and U.S. Patent No. 6,263,259 (Bartur). Applicants respectfully traverse this rejection.

1. Claim 67

Claim 67 states in combination:

> A method of processing prescription requests comprising the steps:
>
> establishing a connection to a remotely located prescription processing system;
>
> submitting an prescription request to the prescription processing system;
>
> capturing the prescription request for subsequent manipulation;
>
> transcribing the captured prescription request;
>
> converting the captured prescription request to a digitized format to obtain a digitized prescription request;
>
> storing the digitized prescription request on a database maintained by the prescription processing system;
>
> creating an identification file, including identification data, for the digitized prescription request;

concatenating the identification file with the digitized prescription request to form a prescription file;

independently assessing by at least one of a pharmacist and personnel associated with the prescription processing system correctness of the prescription request, the at least one of the pharmacist and personnel and the prescription processing system being separate from at least one of a hospital and a physician where the prescription request was originated, and the at least one of the pharmacist and personnel and the prescription processing system being separate from a pharmacy where the prescription request is to be fulfilled;

preparing by said at least one of a pharmacist and personnel a completed prescription form based on the submitted prescription request;

comparing, at the prescription processing system, a physician's phone number and a prescription number; and

if the physician's phone number and the prescription number result in a predetermined relationship, wherein the predetermined relationship is a match between the physician's phone number and the prescription number and a stored physician's phone number and a stored prescription number stored at the prescription processing

system then filling the prescription request using an automated entry agent associated with the prescription processing system.

As stated with respect to claim 1, Albaum does not disclose, for example, "independently assessing by personnel associated with the prescription processing system correctness of the prescription request," as is recited in claim 67. (Emphasis added.) Albaum discloses allowing a physician user, but not a non-physician user, to electronically sign a patent's order(s). (Albaum, col. 18, lines 1-6.) However, as Figure 1 in the present Application illustrates, the "personnel" that independently assesses the correctness of the prescription request, for example, the "in-house pharmacist" of Figure 1, is a separate entity from the physician who creates the prescription request. Therefore, the fact that Albaum discloses allowing a physician to countersign his or her own prescription request (*see* Albaum, col. 17, lines 46-49) does not read on claim 67.

Furthermore, as previously submitted, Walker does not disclose "independently assessing by personnel associated with the prescription processing system correctness of the prescription request" and "preparing by said personnel a completed prescription form based on the submitted prescription request," as recited in claim 67.

As discussed with respect to claim 9, Albaum does not disclose, for example, "converting the captured prescription request to a digitized format to obtain a digitized prescription request" or "storing the digitized prescription request on a database maintained by the prescription processing system," as recited in claim 67. Without conceding that Albaum shows any of the elements of claim 67, Albaum merely discloses direct entry of a prescription request into the Albaum system using computer-assisted means. As stated in the application, "[i]n the event the data communicated is already in digital format, no conversion is necessary." (Application, p. 29, lines 17-18.) Therefore, since the only methods disclosed in Albaum for submitting a prescription request are already in digital format, there is no "converting" disclosed in Albaum.

Furthermore, as disclosed in Albaum, the "order reformatter and interpreter" merely "check[s] for recognition of the doses, route of administration, frequency, and duration." (*See* Albaum, col. 11, lines 9-13.) The inpatient module, which is part of the Albaum POETRY system, is connected to a separate user interface, which accepts input via keyboard and mouse, voice recognition, or pen interface. (*See* Albaum, col. 7, lines 25-30, and Figure 1.) The voice recognition unit and user interface perform the function of converting acoustic voice signals to digital signals before the digital signals are passed to the inpatient module. However, claim 67 recites that the conversion occurs "at the prescription processing system" rather than outside of the system, as disclosed in Albaum.

Furthermore, as discussed with respect to claim 28, Bartur does not disclose "comparing, at the prescription processing system, a physician's phone number and a prescription number," as recited by claim 28. Neither the cited section, nor any other section of Bartur discloses comparing a physician's phone number and a prescription number.

As the combination of elements of claim 67 are not disclosed by Albaum in view of Walker, Munoz, Simcox, and Bartur when claim 67 are interpreted as a whole, Applicants respectfully request that the Examiner withdraw the rejection with respect to claim 67.

2. Claim 68

Claim 68 states in combination:

> A method of processing prescription requests comprising the steps:
>
> establishing a connection to a remotely located prescription processing system;
>
> submitting an prescription request to the prescription processing system, wherein the prescription request is submitted by facsimile;

capturing the prescription request for subsequent manipulation;

transcribing the captured prescription request;

converting the captured prescription request to a digitized format to obtain a digitized prescription request;

storing the digitized prescription request on a database maintained by the prescription processing system;

creating an identification file, including identification data, for the digitized prescription request;

concatenating the identification file with the digitized prescription request to form a prescription file;

independently assessing by at least one of a pharmacist and personnel associated with the prescription processing system correctness of the prescription request, the at least one of the pharmacist and personnel and the prescription processing system being separate from at least one of a hospital and a physician where the prescription request was originated, and the at least one of the pharmacist and personnel and the prescription processing system being separate from a pharmacy where the prescription request is to be fulfilled;

preparing by said at least one of a pharmacist and personnel a completed prescription form based on the submitted prescription request;

comparing, at the prescription processing system, a physician's phone number and a prescription number; and

if the physician's phone number and the prescription number result in a predetermined relationship, wherein the predetermined relationship is a match between the physician's phone number and the prescription number and a stored physician's phone number and a stored prescription number stored at the prescription processing system then filling the prescription request using an automated entry agent associated with the prescription processing system.

As stated with respect to claim 1, Albaum does not disclose, for example, "independently assessing by personnel associated with the prescription processing system correctness of the prescription request," as is recited in claim 68. (Emphasis added.) Albaum discloses allowing a physician user, but not a non-physician user, to electronically sign a patent's order(s). (Albaum, col. 18, lines 1-6.) However, as Figure 1 in the present Application illustrates, the "personnel" that independently assesses the correctness of the prescription request, for example, the "in-house pharmacist" of Figure 1, is a separate entity from the physician who creates the prescription request. Therefore, the fact that Albaum discloses allowing a physician to countersign his or her own prescription request (*see* Albaum, col. 17, lines 46-49) does not read on claim 68.

Furthermore, as previously submitted, Walker does not disclose "independently assessing by personnel associated with the prescription processing system correctness of the prescription request" and "preparing by said personnel a completed prescription form based on the submitted prescription request," as recited in claim 68.

As discussed with respect to claim 9, Albaum does not disclose, for example, "converting the captured prescription request to a digitized format to obtain a digitized prescription request" or "storing the digitized prescription request on a database maintained by the prescription processing system," as recited in claim 68. Without conceding that Albaum shows any of the elements of claim 68, Albaum merely discloses direct entry of a prescription request into the Albaum system using computer-assisted means. As stated in the application, "[i]n the event the data communicated is already in digital format, no conversion is necessary." (Application, p. 29, lines 17-18.) Therefore, since the only methods disclosed in Albaum for submitting a prescription request are already in digital format, there is no "converting" disclosed in Albaum.

Furthermore, as disclosed in Albaum, the "order reformatter and interpreter" merely "check[s] for recognition of the doses, route of administration, frequency, and duration." (*See* Albaum, col. 11, lines 9-13.) The inpatient module, which is part of the Albaum POETRY system, is connected to a separate user interface, which accepts input via keyboard and mouse, voice recognition, or pen interface. (*See* Albaum, col. 7, lines 25-30, and Figure 1.) The voice recognition unit and user interface perform the function of converting acoustic voice signals to digital signals before the digital signals are passed to the inpatient module. However, claim 68 recites that the conversion occurs "at the prescription processing system" rather than outside of the system, as disclosed in Albaum.

Additionally, the Examiner states that Albaum discloses entering a new order for a prescription, wherein orders are communicated to the interactive medication ordering system and pharmacy using facsimile and modem, citing to Figures 1, 49c, 49i, col. 6, lines 23-55, col. 15, lines 11-32, col. 3, lines 1-3, col. 7, line 65, to col. 8, line 11, and col. 20, line 40, to col. 21, line 33.

Without conceding that Albaum shows any of the elements of claim 68, Albaum does not disclose, for example, "submitting an prescription request to the prescription processing system, wherein the prescription request is submitted by facsimile," as is recited by claim 68. (Emphasis added.) Albaum mere discloses that a modem or fax unit will process and transmit all complete prescription(s) to designated outpatient, clinic or retail pharmacies. (See, Albaum, col. 15, lines 30-32.) Albaum does not disclose submitting orders to the prescription processing system by facsimile, but faxing completed orders from the system of Albaum to a pharmacy.

Furthermore, as discussed with respect to claim 28, Bartur does not disclose "comparing, at the prescription processing system, a physician's phone number and a prescription number," as recited by claim 28. Neither the cited section, nor any other section of Bartur discloses comparing a physician's phone number and a prescription number.

As the combination of elements of claim 68 are not disclosed by Albaum in view of Walker, Munoz, Simcox, and Bartur when claim 68 are interpreted as a whole, Applicants respectfully request that the Examiner withdraw the rejection with respect to claim 68.

3. **Claim 69**

Claim 69 states in combination:

> A method of processing prescription requests comprising the steps:
>
> establishing a connection to a remotely located prescription processing system, wherein the step of establishing includes a step of establishing the connection using a telephone;
>
> submitting an prescription request to the prescription processing system, wherein the step of

submitting includes communicating with the prescription processing system using a touch tone telephone keypad;

capturing the prescription request for subsequent manipulation;

transcribing the captured prescription request;

converting the captured prescription request to a digitized format to obtain a digitized prescription request;

storing the digitized prescription request on a database maintained by the prescription processing system;

creating an identification file, including identification data, for the digitized prescription request;

concatenating the identification file with the digitized prescription request to form a prescription file;

independently assessing by at least one of a pharmacist and personnel associated with the prescription processing system correctness of the prescription request, the at least one of the pharmacist and personnel and the prescription processing system being separate from at least one of a hospital and a physician where the prescription request was originated, and the at least one of the pharmacist and personnel and the prescription processing system being separate from a pharmacy where the prescription request is to be fulfilled;

preparing by said at least one of a pharmacist and personnel a completed prescription form based on the submitted prescription request;

comparing, at the prescription processing system, a physician's phone number and a prescription number; and

if the physician's phone number and the prescription number result in a predetermined relationship, wherein the predetermined relationship is a match between the physician's phone number and the prescription number and a stored physician's phone number and a stored prescription number stored at the prescription processing system then filling the prescription request using an automated entry agent associated with the prescription processing system.

As stated with respect to claim 1, Albaum does not disclose, for example, "independently assessing by personnel associated with the prescription processing system correctness of the prescription request," as is recited in claim 69. (Emphasis added.) Albaum discloses allowing a physician user, but not a non-physician user, to electronically sign a patent's order(s). (Albaum, col. 18, lines 1-6.) However, as Figure 1 in the present Application illustrates, the "personnel" that independently assesses the correctness of the prescription request, for example, the "in-house pharmacist" of Figure 1, is a separate entity from the physician who creates the prescription request. Therefore, the fact that Albaum discloses allowing a physician to countersign his or her own prescription request (*see* Albaum, col. 17, lines 46-49) does not read on claim 69.

Furthermore, as previously submitted, Walker does not disclose "independently assessing by personnel associated with the prescription processing system correctness of the prescription request" and "preparing by said personnel a completed prescription form based on the submitted prescription request," as recited in claim 69.

As discussed with respect to claim 9, Albaum does not disclose, for example, "converting the captured prescription request to a digitized format to obtain a digitized prescription request" or "storing the digitized prescription request on a database maintained by the prescription processing system," as recited in claim 69. Without conceding that Albaum shows any of the elements of claim 69, Albaum merely discloses direct entry of a prescription request into the Albaum system using computer-assisted means. As stated in the application, "[i]n the event the data communicated is already in digital format, no conversion is necessary." (Application, p. 29, lines 17-18.) Therefore, since the only methods disclosed in Albaum for submitting a prescription request are already in digital format, there is no "converting" disclosed in Albaum.

Furthermore, as disclosed in Albaum, the "order reformatter and interpreter" merely "check[s] for recognition of the doses, route of administration, frequency, and duration." (*See* Albaum, col. 11, lines 9-13.) The inpatient module, which is part of the Albaum POETRY system, is connected to a separate user interface, which accepts input via keyboard and mouse, voice recognition, or pen interface. (*See* Albaum, col. 7, lines 25-30, and Figure 1.) The voice recognition unit and user interface perform the function of converting acoustic voice signals to digital signals before the digital signals are passed to the inpatient module. However, claim 69 recites that the conversion occurs "at the prescription processing system" rather than outside of the system, as disclosed in Albaum.

Additionally, as discussed with respect to claim 29, there is no motivation to combine Munoz with Albaum, Walker, Bartur, and Simcox.

Furthermore, as discussed with respect to claim 28, Bartur does not disclose "comparing, at the prescription processing system, a physician's phone number and a prescription number," as recited by claim 28. Neither the cited section, nor any other section of Bartur discloses comparing a physician's phone number and a prescription number.

As the combination of elements of claim 69 are not disclosed by Albaum in view of Walker, Munoz, Simcox, and Bartur when claim 69 are interpreted as a whole, Applicants respectfully request that the Examiner withdraw the rejection with respect to claim 69.

New claims 70-73 are added to further define what Applicants considerer to be their invention. For example: claims 70-73 recite features regarding a prescription processing system. Claim 74 recites a method of processing prescription requests.

VI. Response to Arguments

In view of the above arguments, Applicant respectfully contends that the art of record, taken alone or in combination, does not disclose all of the features of the present invention as claimed in claims 1-74. As such, Applicant respectfully requests allowance of claims 1-74.

CONCLUSION

Applicants respectfully submit that, as described above, the cited prior art does not show or suggest the combination of features recited in the claims. Applicants do not concede that the cited prior art shows any of the elements recited in the claims. However, Applicants have provided specific examples of elements in the claims that are clearly not present in the cited prior art.

Applicants strongly emphasize that one reviewing the prosecution history should not interpret any of the examples Applicants has described herein in connection with distinguishing over the prior art as limiting to those specific features in isolation. Rather, Applicants asserts that it is the combination of elements recited in each of the claims, when each claim is interpreted as a whole, which is patentable. Applicants have emphasized certain features in the claims as clearly not present in the cited references, as discussed above. However, Applicants do not concede that other features in the claims are found in the prior art. Rather, for the sake of simplicity, Applicants are providing examples of why the claims described above are distinguishable over the cited prior art.

Applicants wish to clarify for the record, if necessary, that the claims have been amended to expedite prosecution. Moreover, Applicants reserve the right to pursue the original subject matter recited in the present claims in a continuation application.

Any narrowing amendments made to the claims in the present Amendment are not to be construed as a surrender of any subject matter between the original claims and the present claims; rather merely Applicants' best attempt at providing one or more definitions of what the Applicants believe to be suitable patent protection. In addition, the present claims provide the intended scope of protection that Applicants are seeking for this application. Therefore, no estoppel should be presumed, and Applicants' claims are intended to include a scope of protection under the Doctrine of Equivalents.

For all the reasons advanced above, Applicants respectfully submit that the rejections have been overcome and should be withdrawn.

For all the reasons advanced above, Applicants respectfully submit that the Application is in condition for allowance, and that such action is earnestly solicited.

AUTHORIZATION

The Commissioner is hereby authorized to charge any additional fees, which may be required for this Amendment, or credit any overpayment to deposit account no. 08-0219.

In the event that an extension of time is required, or which may be required in addition to that requested in a petition for an extension of time, the Commissioner is requested to grant a petition for that extension of time which is required to make this response timely and is hereby authorized to charge any fee for such an extension of time or credit any overpayment for an extension of time to deposit account no. 08-0219.

Respectfully Submitted,

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